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Short Form Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Form 990-EZ header section including fields for Name of organization (CUSTOMS SURETY ASSOCIATION INC.), Employer identification number (22-3473938), and Accounting Method (Cash).

SCANNER JUN 11 2016

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Main table with columns for Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes a 'RECEIVED' stamp dated JUN 08 2016 from OGDEN, UT.



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter	39a	N/A
a	Initiation fees and capital contributions included on line 9	39b	N/A
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	N/A	
	section 4912	N/A	
	section 4955	N/A	
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	N/A	
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	NJ	
42a	The organization's books are in care of	CUSTOMS SURETY ASSOCIATION I	
	Located at	6 MILL RIDGE LANE, CHESTER, NJ	
	Telephone no	9088790990	
	ZIP + 4	07930-2486	
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
42c	If "Yes," enter the name of the foreign country	42c	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	<input type="checkbox"/>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here  
 Signature of officer: *[Signature]*  
 Date: 6/20/16  
 BRUCE HASKELL, EXEC. VICE PRESIDENT  
 Type or print name and title

Paid Preparer Use Only  
 Print/Type preparer's name: MARCIA A. GELTMAN  
 Preparer's signature: *[Signature]*  
 Date: 05/10/16  
 Check  if self-employed  
 PTIN: P00294146  
 Firm's name: NISIVOCCIA LLP  
 Firm's EIN: 22-1914888  
 Firm's address: 200 VALLEY RD. SUITE 300  
 MT. ARLINGTON, NJ 07856  
 Phone no.: (973) 328-1825

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2013**

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Name of the organization

CUSTOMS SURETY ASSOCIATION INC.

Employer identification number

22-3473938

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

NJ STATE FILING FEE

25.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE CUSTOMS SURETY  
ASSOCIATION, INC. ("CSA") EXISTS AS A PROFESSIONAL ASSOCIATION FOR  
SURETIES ON U.S. CUSTOMS BONDS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTICIPATION IN RELEVANT COMMITTEES ORGANIZED BY THE U.S.

TREASURY DEPARTMENT AND CUSTOMS SERVICE TO PROVIDE

INDUSTRY INPUT ON CUSTOMS SURETY ISSUES. PARTICIPATION IS

PROVIDED BY ATTENDANCE AT MEETINGS AND SUBMISSION OF WRITTEN COMMENTS

BY OFFICERS, THE EXECUTIVE VICE PRESIDENT OR CSA'S COUNSEL.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

SUBMISSION OF WRITTEN COMMENTS ON GOVERNMENT PROPOSALS,

NOTICES AND PROPOSED RULEMAKING EVENTS RELEVANT TO CUSTOMS

SURETIES. SUCH COMMENTS ARE DRAFTED BY OFFICERS, THE

EXECUTIVE VICE PRESIDENT OR CSA'S COUNSEL.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

THE CSA MONITORS AND GATHERS INFORMATION REGARDING ISSUES

AFFECTING CUSTOMS SURETIES, SUCH AS JUDICIAL DECISIONS,

LEGISLATIVE DEVELOPMENTS AND AGENCY REGULATIONS AND POLICY

INITIATIVES, DISSEMINATING THAT INFORMATION AND ANALYSIS THEREOF TO THE

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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MEMBERSHIP. SUCH ACTIVITIES ARE CARRIED ON BY THE EXECUTIVE VICE  
PRESIDENT OR CSA'S COUNSEL.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.